

## **Non-SPS Overload Request Form**

**Instructions:** Complete this form to request permission to employ a non-SPS full-time faculty or administrator for overload assignment at SPS. The request form must be signed by the SPS Academic Unit Leader of the unit offering the intended course. Requestor should acquire signatures in section *3 Faculty/Administrator's Home Department Approval,* and leave section *4 SPS and University Approvals* blank. The form must be submitted to the **SPS Office of Faculty Affairs** in advance of the anticipated start date of the overload assignment. Faculty/administrators cannot begin the overload assignment without prior approval.

Each appointment for which the department is requesting overload approval must be listed on individual request forms.

Date Prepared:		Requester				
Requesting Services for:	Fall	Spring	Summer	Winter	Year: 20	
Permission is Hereby Re	quested for:					
Name of faculty/administrator:				Title and Code:		
NYU Chairperson/Supervisor Name:				NYU Dean/VP Name:		
. To Perform Within my U Duties:	Init, for Extra Co	mpensation,	the Following <i>A</i>	Academic Assigi	nment in Excess o	f Their Norma
Assignment	Course Numbe		Start Date	End Date	 Start Time	 Fnd Time
Total Contact Hou			Start Bate		ayment:	
rotal contact rious	13.			Total I	ayment	
Rationale for use o	of above faculty/a	administrator				
Signed:						
SPS Aca	demic Unit Lead	er in which in	idividual will tea	ch		
. Faculty/Administrator's	Home Departme	ent Approval				
Signed:				Date: _		
	Chairperson,	Direct Super	visor			
Signed:		/Vice Preside	ent	Date: _		
fter completing sections		,		S Office of Facu	lty Affairs.	
. SPS and University App	rovals (for OFA)	HR use only)				
		int ase only)		Data		
Signed:		or Dean's Des	ignee	Date: _		
Signed:				Date:		
	Provost's Office o	r NYU Humai	n Resources			